

**STATE OF DELAWARE**



**DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF MEDICAID & MEDICAL ASSISTANCE  
POLICY & PLANNING UNIT**

**ADMINISTRATIVE NOTICE DMMA-A-07-2022**

TO: DMMA Staff

DATE: 8/25/2022 | 2:58 PM EDT

PROGRAM(S): Long Term Care

SUBJECT: Post Eligibility Treatment of Income: Guardianship Fees

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**BACKGROUND**

The purpose of this Administrative Notice is to make staff aware of a change in policy regarding Post-Eligibility Treatment of Income (PETI). This change adds a new type of income protection for individuals applying for or receiving long-term care (LTC) Medicaid when residing in a nursing home facility and required to contribute to the cost of their care in the facility.

Nursing home recipients of LTC Medicaid who are subject to a patient pay amount (PPA) are entitled to retain some of their available income for their personal needs. Some LTC Medicaid recipients may be appointed a guardian by the Court to help them make medical and/or financial decisions. There may be costs associated with services provided by the court-appointed guardian. The services may include, but are not limited to, receiving and depositing income, paying bills, and/or maintaining accounts. Effective April 1, 2022, LTC Medicaid applicants and recipients residing in a nursing home facility who are required to contribute towards the cost of their care may protect a portion of their income for the payment of guardianship fees.

**DISCUSSION**

Nursing home residents receiving LTC Medicaid who are subject to a PPA and require a court appointed guardian can retain up to \$100.00 a month to help pay for routine guardianship fees. These residents may also retain up to \$750.00 for the initial establishment of a guardianship (to include attorney's fees). This is a one-time fee and not reoccurring. If a person changes guardianship providers they are eligible to retain up to \$750.00 to establish services with the new provider. Other LTC Medicaid recipients subject to a PPA (e.g. Assisted Living, Lifespan Waiver-residential habilitation) are not entitled to this type of income protection.

**ACTION REQUIRED**

Staff are required to request a copy of the court order awarding guardianship, and the invoice(s) for the initial establishment of the guardianship and/or the services provided by the court-appointed guardian to verify that the applicant/recipient meets the requirements outlined in policy (20620.1 Personal Needs) before entering the income protection for these costs in ASSIST Worker Web (AWW).

**Instructions for Completing the Expense Questions in AWW:**

- Select 'yes' for Medical Expenses.

Client Registration ▾
Application Entry ▾
Eligibility Determination ▾
Post Eligibility ▾

**Menu**

- Initiate Interview ▶
- Technical ▶
- Absent Parent ▶
- Resource ▶
- Income ▶
- Expense** ▾
- ✓ Expense Questions
- ✓ Medicare Information
- ✓ Shelter & Utility Questions
- ✓ Utility Cost Information
- ✓ Household Utilities Shared
- APTC/CSR ▶
- Voice Signature ▶

### Expense Questions

Does anyone in the household receive educational aid or have education expenses? *	<input type="text" value="No"/>
Does anyone in your household pay anyone else for room and meals? *	<input type="text" value="No"/>
Does anyone in your household have any medical expenses paid during the last four months or any medical expenses which are unpaid? *	<input type="text" value="Yes"/>
Does anyone in the household have health care coverage or court ordered /pending insurance settlements? *	Failed to Answer No Pending Yes
OR Is there anyone in the household who will not cooperate with obtaining medical support coverage?	
Is anyone in your household disabled with work related expenses? *	<input type="text" value="No"/>
Is anyone in your household entitled to Medicare benefits? *	<input type="text" value="Yes"/>
Does anyone in your household pay for someone to care for a dependent child or disabled incapacitated adult? *	<input type="text" value="No"/>
Does anyone in your household make a support payment for child support maintenance or pay guardian or attorney's fees?	<input type="text" value="No"/>



+Add Case Comment

Save

< Previous

Next >

- Select 'Other Medical Expense' as the Expense Type.

If the recipient has provided verification of the one-time fee to establish the guardianship (maximum of \$750.00):

- Enter the 'Begin Date' and 'End Date' to ensure this one-time fee will not continue to be included in the PPA.
- Enter the dollar amount (up to \$750.00) billed to the applicant/recipient in the 'Budgetable Expense' field.
- Enter the appropriate 'Verified By' response.
- Complete the 'Incurred By' section to indicate that the applicant/recipient incurred the expense.

If the recipient has provided verification of other, routine guardianship fees (maximum of \$100.00 per month):

- Enter the 'Begin Date' for the expense, and an 'End Date' if applicable (if we have verification that the fees are recurring, do not enter an 'End Date').
- Enter the dollar amount (up to \$100.00) billed to the applicant/recipient in the 'Budgetable Expense' field.
- Enter the appropriate 'Verified By' response.
- Complete the 'Incurred By' section to indicate that the applicant/recipient incurred the expense.

Client Registration ▾     Application Entry ▾     Eligibility Determination ▾     Post Eligibility ▾

**Menu**

- Initiate Interview ▸
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### Medical Expenses Details

Document Imaging Verification

Oops >

Record Number **1**     Record History Number **1**     Record Updated Date

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Name \*  ▾

Begin Date \*       End Date       History Reason  ▾

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**Medical Expense Details**

Expense Type \*  ▾     Budgetable Expense \*

Verified By \*  ▾

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**Incurred By**

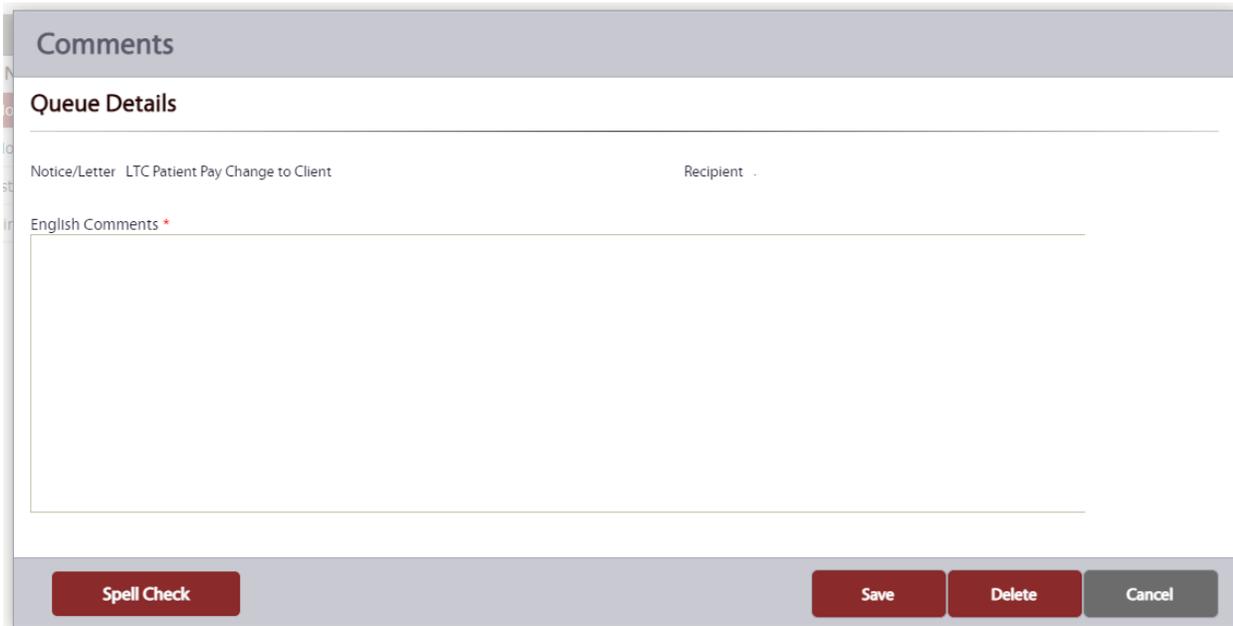
Is the Person that Incurred the Expense Inside the Case? \*  ▾

In the Case \*  ▾

**Outside the Case**

▾

- After confirmation, navigate to the Client Notices Supplemental Module.
- Select View Notice/Letter Queue.
- Click on the  icon next to the notice(s) for which you will be entering comments.
- Enter the following text (substituting X's for the dollar amount applied) in the 'English Comments' box: \$XXX (total) listed as 'Other Medical Expense' is the amount budgeted for Guardianship fees. We deducted \$XXX (total) from your income for your guardianship fees. Your guardianship fees are listed as 'Other Medical Expense' on this notice. \$XXX is the initial fee to establish your guardianship. This fee is only deducted once. \$XXX is the monthly guardianship fee. This fee may be deducted each month.
- Click Save.



Comments

Queue Details

Notice/Letter LTC Patient Pay Change to Client Recipient

English Comments \*

Spell Check Save Delete Cancel

Staff should follow policy in the Delaware Social Services Manual (DSSM) under the following section(s):

20620.1 Personal Needs

\*Please note that the DSSM will be updated following State Plan Amendment (SPA) approval.

**DIRECT INQUIRIES TO**

Melissa Dohring  
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(302) 255-9574

8/25/2022 | 2:58 PM EDT

DATE

DocuSigned by:

*Kimberly Xavier*

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Kimberly Xavier, Chief  
Policy & Planning  
Division of Medicaid & Medical Assistance

*KD Xavier*